



I'm switching to LCCU!

ACCOUNT CLOSING REQUEST

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Please close my account at:

Financial Institution: _____ Phone: _____
Address of Financial Institution: _____
City: _____ State: _____ Zip: _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____

Please check one:

- Mail the remaining balance of my account(s) to my address listed above.
- Send the balance of my account(s) to be deposited at LCCU, address below:

My LCCU Member number is:

Mail to: Lewis Clark Credit Union
P.O. Box 1016
Lewisron, ID 83501

Primary Account Holder Name

(Print): _____
Signature: _____ Date: _____

Secondary Account Holder Name

(Print): _____
Signature: _____ Date: _____

- Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.
- LCCU is not responsible for charges accrued for insufficient funds.
- Work with your LCCU Member Service Representative to determine when to send this form to your previous financial institution.
- LCCU is federally insured by the National Credit Union Administration.